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Past enriches both future and career



For Ashley Armstrong, nursing is all about family - it's what inspired her in her career choice and the basis for her care of every patient, every day.

by Traci Chapman, Staff Writer

For Ashley Armstrong, nursing is all about family - it's what inspired her in her career choice and the basis for her care of every patient, every day.

That inspiration began before Armstrong even entered high school, as she watched the struggle of a family member, and wanted to be part of the solution that could ease her suffering.

"My sister Amber is a special epileptic - we've almost lost her several times," Armstrong said. "She was 17 and I was 14 during one of those three-month hospital visits and surviving another medically-induced coma, and I realized I wanted to do something in the medical field."

It was a desire she never wavered from - now 33, Armstrong graduated in 2006 from Southern Nazarene University with a

Oklahoma nurses get mobility

story and photo by Bobby Anderson, Staff Writer

A July signature from North Carolina's governor has given Oklahoma nurses what they've been wanting for years.

The signing of legislation by North Carolina Gov. Roy Cooper on July 20, 2017, triggered the landmark enactment of the enhanced Nurse Licensure Compact (eNLC), ushering in a new era of nurse licensure in the U.S.

Allowing nurses to have mobility across state borders, the eNLC increases access to care while maintaining public protection.

The eNLC, which is an updated version of the original NLC, allows for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license, with the ability to practice in person or via telehealth in both their home state and other eNLC states.

Oklahoma Nurses Association Executive Director Jane Nelson said the compact will give nurses more opportunities.

"ONA supported it because we know nurses live in Oklahoma and work in other places, and they live on the borders and they work in Oklahoma," Nelson said. "I think it has a lot of advantages."

The compact could not be ratified until the final state signed off, which was North Carolina.

HOW IT WORKS

Last week, the new Interstate Commission of Nurse Licensure Compact Administrators set Friday,

See **MOBILITY** Page 2

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See **ARMSTRONG** Page 3

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MOBILITY

Continued from Page 1

Jan. 19, 2018, as the implementation date for the eNLC.

The implementation date is when nurses with eNLC multistate licenses may begin practicing in eNLC states.

In original NLC states that have enacted eNLC legislation, a nurse who holds a multistate license will be grandfathered into the eNLC and will be able to practice in other eNLC states beginning on the implementation date.

A nurse residing in a state that is new to the eNLC will be able to practice in other eNLC states contingent upon the board of nursing issuing the nurse a multistate license.

The original NLC will remain in effect with Colorado, New Mexico, Rhode Island and Wisconsin as members until each enacts eNLC legislation.

As of the implementation date, the multistate license held by nurses residing in these four states will only be valid in those states. They will not have the authority to practice in the 26 eNLC states without applying for a single-state license in those states, unless the original NLC states join the eNLC by the implementation date.

Likewise, as of the implementation date, nurses with an eNLC multistate license residing in eNLC states will not have the authority to practice in the four states that are still in the original NLC without applying for a single-state license in those states, unless the states join the eNLC by that date.

Current eNLC states include: Arizona, Arkansas, Delaware, Florida, Georgia, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia and Wyoming.

Oklahoma Gov. Mary Fallin made Oklahoma the seventh state to join the new compact in April 2016 when she signed House Bill 2482.

Susan Jones, PhD, APRN-CNS, Oklahoma Board of Nursing president lauded the move.

"Participation in multistate licensure is something that Oklahoma nurses have been asking about for quite some time, and with the

language in the enhanced compact they will have the opportunity," Jones said. "It is exciting to have been able to work with the Oklahoma Board of Nursing staff and leadership and our state legislature to ensure that the safety needs of patients and the practice flexibility of nurses will be soon be available in Oklahoma."

District 48 Rep. Pat Ownbey supported getting Oklahoma onboard.

"This legislation is a giant step forward for Oklahoma's health care system," Ownbey said. "The new law will allow nurses practicing in and out of our state the flexibility in moving to where the greatest health needs exist while keeping patient safety intact. I'm certainly proud to be a part of this effort."

COMPACT HISTORY

Boards of nursing (BONs) were the first health care provider regulatory bodies to develop a model for interstate practice with the original adoption of the NLC in 1997 and its implementation in 2000.

While other health care provider regulatory bodies are just getting started in this process, the NLC has been operational and successful for more than 16 years.

Nelson said several Oklahoma hospitals pushed for the new compact in order to make it easier to attract specialty nurses.

"I don't think Oklahoma is worried about a brain drain," Nelson said. "I think Oklahoma sees it as an advantage to be able to bring nurses in from other states to meet the needs of the citizens of this state. There's a philosophy that there's a practice wherever the nurse is and there's a practice wherever the patient is."

And that movement just got a lot easier for Oklahoma nurses.



Oklahoma's legislature has given nurses more flexibility in where they practice.

Mercy Announces New Leader in El Reno



Cindy Carmichael, administrator at Mercy Hospital El Reno.

Beginning in September, Mercy will have a familiar leader at the helm in El Reno.

Cindy Carmichael will return to Mercy Hospital El Reno for a second time as administrator. She served as interim administrator in 2009 prior to becoming chief operating officer in her current role at Mercy Hospital Ardmore.

"Cindy has a love for El Reno, and El Reno has a love for her," Mayor Matt White said. "We're excited for her to be part of our continued success."

In addition to her new position, Carmichael will provide support and oversight to Mercy administrators in Kingfisher, Guthrie and Watonga as regional administrator.

Carmichael has been with Mercy for more than a decade and has spent a large portion of her career dedicated to the development of rural health care. While in Ardmore, she helped forge a deeper relationship with Oklahoma Heart Hospital, which provides cardiac care for patients in southern Oklahoma. Carmichael also was instrumental in the construction and opening of a new Mercy clinic in Ardmore.

"Cindy has spent her career helping provide quality health care to towns across Oklahoma," said Jim Gebhart, regional strategy officer for Mercy and president of Mercy Hospital Oklahoma City. "She brings an awareness of rural health care that gives us great confidence with her in this role."

Doug Danker, El Reno's former hospital administrator, will continue his service with Mercy as director of emergency medical services, where he will focus on growing Mercy's ambulance service across the northern half of Oklahoma. Danker began his career with Mercy, formerly Parkview Hospital, in 1989 as a paramedic. He later served as supervisor of medical surgery and as director of nursing before being appointed administrator in 2012.

ARMSTRONG

Continued from Page 1

multidisciplinary degree in nursing and business; in 2007, she earned her associate nursing degree from Oklahoma State University-OKC's distance learning program at Oklahoma Panhandle State University.

"I started right off in what I wanted to do - I immediately became a nurse extern with Integris Canadian Valley Hospital in the women's center," Armstrong said.

While her growing family led Armstrong to first move to a less time intensive position and then a one-year sabbatical, her professional road held a few curves, leading Armstrong on more than one occasion back to her past. It was something that allowed her to develop a career that's encompassed everything she loves and cherishes, Armstrong said.

That past came full circle recently, when Armstrong returned to Canadian Valley's women's center, working with growing families and helping both parents and babies lead a healthier life.

"Labor, delivery and newborn care is just amazing - I love seeing the beauty and miracles our Creator made," Armstrong said. "Education with these

folks also begins the moment they walk through the door, so I'm grateful for when I am able to empower them in appropriately caring for their body, as well as their newborn."

While her work at Canadian Valley is an integral part of her life, it is far from her only professional priority, Armstrong said. In fact, the other aspect of the Mustang nurse's service allowed her to travel even further back into her own past - and combines the best of work and family, she said.

That past was at Mustang Public Schools - her own alma mater, and the district her sons will be a part of for years to come.

"It was just a perfect position for me - I could do what I loved, work close to home and even be near my boys when they started school," Armstrong said.

Now in her fifth year at MPS, Armstrong works as a Resource RN, overseeing four of the district's seven elementary schools. In that position, she interacts with about 2,300 students and 250 employees. One of those schools was the district's oldest - and her own - primary school, Mustang Elementary.

"There's that link, those memories, and I get to work at two of our sons' schools a lot of time through my job,

which is a great perk," she said. "I get to be where I want to be, while I do what I know I'm meant to do."

The MPS position brings with it not just the best of nursing, but a job that offers something new every single day, Armstrong said. It allows her to work with staff and teachers, students, parents and administrators, people who are as different as the medical conditions she is trained to deal with.

"I train and assist our part time nurse assistants and secretaries at each of the sites to appropriately manage whatever comes in through our health office - whether it's a student with Type 1 diabetes, an upset stomach, an asthma attack or feeding tube problem, someone having an anaphylactic reaction, a recess or PE injury or an issue with a colostomy," she said.

Armstrong is also active in improving the health of those she works with and the students she treats through education and administration - preparing individual healthcare plans for students and partnering with teachers in the classroom to spread health awareness and practices that range from hygiene and hand washing to germs, lice and other health subjects that can help students - even the

youngest of them - lead healthier lives, she said.

"I enjoy being the students' advocate and assuring the parents we're doing our best to prepare our staff so they're confident in and proactive with their child's condition, and I like being in the classroom and knowing I'm teaching students things that can be so important in their lives long after they've moved to the next grade or even the next school," she said.

With her husband, Brett, Armstrong owns two companies, A Squared Adventures and CrossFit RWOL. While ASA has more of an entertainment focus, RWOL is deeper than a first glance might suggest, she said.

"We try to help people 'Restore Wholeness Of Life' in several aspects, often starting with building relationships with them through physical workout and, therefore, health improvement," Armstrong said.

"Watching people treat my sister when I was younger, others made such an impact in a good way and others in a negative way," she said. "I wanted to be a consistent, positive, compassionate person for someone and their family someday."

Those who know and work with Armstrong say she has done just that.

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P.O. BOX 239 MUSTANG, OK 73064

Editor and Publisher, Steven R. Eldridge - News@oknursingtimes.com

Advertising Director, April Blakney - Ablakney@oknursingtimes.com

Advertising Services Lisa Weigel - Advertising@oknursingtimes.com

Writers: James Coburn, Bobby Anderson, Vickie Jenkins

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My son, Tony, has faced difficult health challenges. Before he was born we found out that his kidneys were filled with cysts, and his lungs hadn't fully developed. Tony's life has been hard. When one form of dialysis would fail, they would start him on another. On my 23rd birthday, Tony was in the hospital on hemodialysis and getting an antibiotic for a staph infection. My family prayed for him and performed an American Indian ceremony.

Two days later Tony got his kidney transplant. There have been some bumps in the road, but my 10-year-old has learned to walk, climb up a rock wall and is able to attend elementary school. I will continue to thank God and Ted's family for the generous donation that saved Tony's life.

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CAREERS IN NURSING

BRINGING FAMILY APPROACH TO PATIENTS' JOURNEY: OKC INDIAN CLINIC

by Traci Chapman - Writer/Photographer

It's called the forgotten virus, something that many people know nothing about, although they might have been infected, perhaps even for years. Treating it takes patience, understanding and a willingness to go on a difficult journey with a patient who might not be ready to take it – something Staci Deland, Oklahoma City Indian Clinic's Hepatitis C coordinator, knows first-hand.

"We just started last year, started doing screenings and it is so difficult for people because they have no idea they have Hepatitis C, let alone what that can mean for their health going forward," Deland said.

Hep C is a blood-borne disease that has few symptoms and which can stay in patients' bloodstreams for years without their knowledge. Over time, the condition slowly damages the liver, causing damage or cancer in the organ and even death. According to the Centers for Disease Control, about 3.5 million

across the country have Hep C without knowing it, and people born between 1945 and 1965 are five times more likely than any other age group to develop the condition during their lifetime.

While the lack of symptoms poses a great health risk, so too does the fact that Hepatitis C screening isn't included in routine bloodwork, Deland said.

"That is something that we really want to let people know about," Deland said. "It's a simple test and it can be cured, which is the good news – medications cure it in about 12 weeks.

"The bad news is not doing something can lead to very, very serious consequences," she said.

Conveying that message is one of the most important aspects of Deland's job. While the clinic's Hepatitis C clinic has been much of her focus, her primary job is as a nurse care manager, triaging patients and trying to increase

public awareness on both treatment and prevention.

"We do things like health fairs and other things like that for the community – we want to be very proactive, and that's a reason for our work with Hepatitis C," Deland said.

It's a concept ingrained throughout Oklahoma City Indian Clinic's structure and philosophy, Deland said. Patients become part of OKCIC's family – and, in turn, their families become part of the healing and treatment process.

"For example, the pharmacy works with patients to continue with the Hepatitis C program," Deland said. "They're given counseling, they receive education – the patient, their family, the staff, we all work together to make sure they not only get better, but that they have an investment in good health going forward.


"That's what I really love most about working here – it's so


important for each person to be a part of something bigger," she said. "There are no numbers, they're people who rely on us for years, who bring our families and then they come to us with their children and their families."

That family tradition began in 1969, when a group of physicians volunteered five hours a week to treat central Oklahoma's American Indian population, at a time when the closest native clinic was more than 40 miles away. When Oklahoma City American Indian physicians, clergy and leaders petitioned the U.S. Congress to honor health care provisions of treaties negotiated long ago, it paved the way to the 1974 incorporation of Central Oklahoma American Indian Health Council and, consequently, OKCIC.

OKCIC has come a long way from the 7,500-square-foot location it first began in, encompassing


Continued on next page


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Staci Deland, Oklahoma City Indian Clinic's Hepatitis C coordinator and nurse care manager, works to not only treat but also educate patients and their families for better health.

first a 27,000-square-foot medical facility, then purchasing the adjacent building, which more than doubled the clinic's space. In 2014, OKCIC celebrated its most recent expansion when it opened the Everett R. Rhoades, MD, Medical Building - which houses public health, optometry, physical therapy, behavioral health services, a wellness center, health promotion and disease prevention, diabetes education classrooms and an expanded pediatric clinic. OKCIC now has about 165 staff members who annually treat almost 20,000 patients from more than 220 tribes, administrators said.

"We're in this together," Deland said. "It's a philosophy that I've always thought was important, something I've always seen from the people I admired in this field."

Those people were the closest of examples, Deland said - her

grandmother and aunts were all nurses. After graduating from Ponca City High School, she knew exactly what she wanted to do, heading to nursing school, where she earned first her LPN, then her RN. Next, Deland plans to finish her master's degree. "I want to be a nurse practitioner," she said.

Deland had her own journey to take before she found what she called the place she is meant to be. After working in pediatric care at St. Anthony Hospital in Oklahoma City for two years, she realized that with her native heritage, she wanted to make a difference for others who shared it.

"There's a culture here you don't see at many facilities - it's a family, they empower their staff," Deland said. "It took a while to get here but I got here, and it's the best decision I've ever made."

Medical Reserve Corps provides aid, comfort



Members of Oklahoma Medical Reserve Corps' Canadian County unit - from left, Josh Brooks, Amy Van Ness and Marci Widmann - take part in Mustang Fire Department's 2016 Independence Day Freedom Celebration. Widmann, who died in October 2016, was the inspiration for a new OKMRC honor, Marci Widmann Spirit of OKMRC, awarded this year for the first time.

by Traci Chapman, Staff Writer

It might be something as routine as a marathon or as jarring as a tornado aftermath, providing simple aid or walking the tight walk between life and death - but for volunteers with Oklahoma Medical Reserve Corps, whatever they might face is all in a day's work.

"At its core level, the Medical Reserve Corps' primary objective is providing a system to organize and train both medical and non-medical individuals, who work to support ongoing responses to emergency and other situations," OKMRC state coordinator Lezlie Carter said earlier this year. "A major distinction is that these are all volunteers - in fact, MRC is the only medical/public health volunteer program in the state - and these are people working in units throughout the state, people who come together to work during

and after emergency situations that might not even impact their own community."

Those situations could be everything from the planned manning of a marathon medical tent to coming to the aid of victims of both natural and man-made disasters, Carter said.

Even in those instances that might on the surface seem routine, situations can be deceptively complex, at times, said Loren Stein, OKMRC volunteer nurse coordinator.

"For an example, we might only provide fluids and the like during a marathon - the need depends quite a bit on the temperature," Stein said. "Then, the year the Oklahoma City Memorial Marathon was postponed to a later date, we had IV's running and beds up and down, because of the heat."

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Index to Classifieds

- 1 0 0 Ambulatory
- 1 0 8 Administrative
- 1 1 3 Case Management
- 1 1 5 Chemical Dependency
- 1 1 8 Clinical Instructors
- 1 1 9 Collection
- 1 2 1 Critical Care
- 1 2 3 Certified Medical Assistant
- 1 2 4 Certified Nurses Aide
- 1 2 7 CRNA
- 1 2 9 Dental
- 1 3 0 Dialysis
- 1 3 1 Dietary
- 1 3 7 Education
- 1 4 0 General Nursing
- 1 4 3 Geriatrics and Long Term Care
- 1 4 6 HMO
- 1 4 9 Home Health
- 1 5 2 Hospice
- 1 5 4 Housekeeping
- 1 5 5 Infection Control
- 1 5 6 Instructor
- 1 5 8 IV Therapy
- 1 6 1 Licensed Practical Nurse
- 1 6 4 Managerial
- 1 6 5 Massage Therapy
- 1 6 7 Medical/Surgical
- 1 7 0 Nurse Practitioner
- 1 7 3 OB/Gyn
- 1 7 6 Occupational Health
- 1 7 9 Office
- 1 8 2 Oncology
- 1 8 5 O.R./PACU
- 1 8 8 Orthopedic
- 1 9 0 Pediatric
- 1 9 1 Pharmacist
- 1 9 2 Physicians Assistant
- 1 9 7 Public Health
- 2 0 0 Rehabilitation
- 2 0 4 Registered Nurse
- 2 0 7 Research
- 2 1 0 Sales Representative
- 2 1 3 Service
- 2 1 7 School Nurse
- 2 2 0 Spec Producers
- 2 2 3 Support Staff
- 2 2 5 Traveling Nurse
- 2 2 6 Miscellaneous

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Norman Pediatric Associates is seeking a full-time LPN for our clinic. This day time position is M-F with one weekend clinic coverage a month from 9am-1pm. Nurse would be taking vitals on pediatric patients, performing strep tests, flu tests, infant catheterization, urine dipsticks, administering medication and vaccines, & assisting the provider with procedures. Benefits include: health, dental, vision, and life insurance, short and long term disability insurance, AFLAC, & 401K/profit sharing plan. 808 Wall Street, Norman, OK

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Special to the Nursing Times

Caregiver wins award for longevity

submitted by Rivermont Gardens Assisted Living

Iola Caldwell springs from hardworking small-town Oklahoma stock. Diligence, meticulousness, and self-sacrifice characterized the lives of her parents, and their values have been passed down undiluted to their daughter. Growing up in Depression-era Oklahoma required a unique kind of personal determination and pride in oneself and in work. Iola's father made hand-crafted leather saddles that still exist. Her mother, in addition to caring for her family, washed dishes in a local restaurant. Iola remembers that her mother always admonished her to "always do your best."

A youth of 82 years, Iola's best includes careful, specialized attention to the laundry of all the residents at Rivermont Gardens Assisted Living. For the last sixteen years, Iola has faithfully treated the residents and families at the Gardens the way she would want to be treated herself. No matter what particular wishes or demands an individual may have, Iola meets them. Here are some actual, verifiable examples of individual laundry requirements imposed by various residents for whom Iola cares:

One man required that at all times, ten empty plastic (only)

hangers were to be left in his closet. Another man insisted that his pants be dried for five minutes, only-no more and no less-and then hung by the cuffs. Two current residents require that their sheets and bedspread be washed bi-weekly only. Another woman wants all her clothes hung on velvet hangers. There are approximately 58 residents in the Gardens, and each one is an individual who receives respect, right down to the way their washcloths are folded. "I have a certain way I like to fold the towels and washcloths," says the Queen of Laundry.

While these demands may seem petty to some, Iola respects the preferences of the people who live at the Gardens. She not only abides by their wishes, but is cheerful and even proud of the way she provides such individualized service. "I'm here for the residents" is Iola's constant motto. Soiled or stained clothing is lovingly cleaned, scrubbed, repaired, unstained, re-sewn, re-buttoned, and returned to the resident without complaint. Other staff-members joke that Iola knows the owner of every sock and washcloth in the entire building, and it is true! "I do watch out for people's things," Iola says. "I try to make sure that everything is returned to the particular place that each resident keeps it. I want



Iola Caldwell wins OKALA Caregiver of the Year Award for Longevity two years.

them to be able to find their things easily."

A full-time employee, Iola is punctual and dependable. She is unfailingly cheerful and diligent. She says "My work is a joy." And it is obviously so-never grouchy, never discouraged, and never failing, Iola not only enjoys work, but participates in a bowling league, the Moose Lodge, Eastern Star, VFW, and a national railroad employee organization. Iola is an avid University of Oklahoma sports fan, wears school colors on appropriate days, and attends games regularly.

For uniqueness, it would be difficult to match an 82 year old laundress who works circles around employees fifty years her junior. Regarding her example to other employees, she is never absent or late, and her work is not only done, but done with a meticulous attention to detail that defies description. She works as a team with housekeepers to ensure efficient processing of laundry. Iola's oversight of residents' possessions reflects her deep care

for their dignity and quality of life. What is more basic to quality of life than having clean and well cared-for clothing and bedding? As an example of independence, Iola is older than a number of her clients at the Gardens Assisted Living. She works full-time, stays physically fit, and clearly enjoys a very active social life outside of work. Simply knowing and observing her on a daily basis encourages residents to be independent like Iola. Ageism? Please! The very life that Iola lives is a slap in the face to ageism. She is more active than many who are half her age. And she has such joie de vivre! To her, everything is fun. What could be more opposite to the stereotype of grumpy, sedentary, depressed old age?

In summary, we have never met a better example of willing, committed, service to a senior care employer or senior clients and employees than Iola Caldwell.

As one staff-member put it, "It is an honor to work with her." We agree.



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Autumn Bridge Hospice: 405-440-2440

Autumn Light Hospice: 580-252-1266

Carter Healthcare & Hospice: OKC - OKC Pat McGowen, Vol. Coordinator, 405-947-7705, ext. 134; Tulsa - Samantha Estes, Vol. Coordinator, 918-425-4000

Centennial Hospice: Becky Johnson, Bereavement Coordinator 405-562-1211

Choice Home Health & Hospice: 405-879-3470

Comforting Hands Hospice: Bartlesville: 918-331-0003

Companion Hospice: Steve Hickey, Vol. Coordinator, Guthrie: 405-282-3980; Edmond: 405-341-9751

Compassionate Care Hospice: Amy Legare, Bereavement/Vol. Coordinator, 405-948-4357

Cornerstone Hospice: Vicky Herrington, Vol. Coordinator, 918-641-5192

Crossroads Hospice: Elizabeth Horn, Vol. Coordinator, 405-632-9631

Cross Timbers Hospice: Ardmore-800-498-0655 Davis-580-369-5335 Volunteer Coordinator-Shelly Murray

Excell Hospice: Toni K. Cameron, Vol. Coordinator 405-631-0521

Faith Hospice of OKC: Charlene Kilgore, Vol. Coordinator, 405-840-8915

Frontier Hospice: Amber Cerney, Vol. Coordinator, 405-789-2913

Golden Age Hospice: 405-735-5121

Good Shepherd Hospice: 4350 Will Rogers Parkway Suite 400 OKC OK 73108 405-943-0903

Grace Hospice Foundation: Sharon Doty, Dir of Spec. Projects - Tulsa 918-744-7223

Harbor Light Hospice: Randy Pratt, Vol. Coordinator, 1009 N Meridian, Oklahoma City, OK 73107 405-949-1200

Horizon Hospice: LaDonna Rhodes, Vol. Coordinator, 918-473-0505

Heartland Hospice: Shawnee: Vol. Coord. Karen Cleveland, 405-214-6442; OKC: Vol. Coord. Tricia Woodward, 405-579-8565

Heavenly Hospice: Julie Myers, Coordinator 405-701-2536

Hope Hospice: Bartlesville: 918-333-7700, Claremore: 918-343-0777 Owasso: 918-272-3060

Hospice by Loving Care: Connie McDivitt, Vol. Coordinator, 405-872-1515

Hospice of Green Country: Tulsa: 918-747-2273, Claremore: 918-342-1222, Sapulpa: 918-224-7403

INTEGRIS Hospice, Inc. & the INTEGRIS Hospice House: Ruth Ann Frick, Vol. Coordinator, 405-848-8884

Hospice of Owasso, Inc.: Todd A. Robertson, Dir. of Marketing, 877-274-0333

Humanity Hospice: Sala Caldwell, Vol. Coordinator 405-418-2530

InFinity Care of Tulsa: Spencer Brazeal, Vol. Director, 918-392-0800

Indian Territory Home Health & Hospice: 1-866-279-3975

Interim Healthcare Hospice: 405-848-3555

Image HealthCare : 6116 S. Memorial Tulsa, Ok. 74133 (918) 622-4799

LifeChoice Hospice: Christy Coppenbarger, RN, Executive Director. 405-842-0171

LifeSpring In-Home Care Network: Terry Boston, Volunteer and Bereavement Coordinator 405-801-3768

LifeLine Hospice: April Moon, RN Clinical Coordinator 405-222-2051

Mercy Hospice: Sandy Schuler, Vol. Coordinator, 405-486-8600

Mission Hospice L.L.C.: 2525 NW Expressway, Ste. 312 OKC, OK 73112 405-848-3779

Oklahoma Hospice Care: 405-418-2659 Jennifer Forrester, Community Relations Director

One Health Home Health in Tulsa: 918-412-7200

Palliative Hospice: Janet Lowder, Seminole, & Sabrina Johnson, Durant, 800-648-1655

Physician's Choice Hospice: Tim Clausing, Vol. Coordinator 405-936-9433

Professional Home Hospice: Sallisaw: 877-418-1815; Muskogee: 866-683-9400; Poteau: 888-647-1378

PromiseCare Hospice: Angela Shelton, LPN - Hospice Coordinator, Lawton: (580) 248-1405

Quality Life Hospice: 405 486-1357

RoseRock Healthcare: Audrey McCraw, Admin. 918-236-4866

Ross Health Care: Glenn LeBlanc, Norman, Chickasha; April Burrows, Enid; Vol. Coordinators, 580-213-3333

Russell Murray Hospice: Tambi Urias, Vol. Coordinator, 405-262-3088; Kingfisher 405-375-5015; Weatherford-580-774-2661

Seasons Hospice: Carolyn Miller, Vol. / Bereavement Coordinator, 918-745-0222

Sequoyah Memorial Hospice: Vernon Stone, D. Min. Chaplin, Vol. Coordinator, 918-774-1171

Sooner Hospice, LLC: Matt Ottis, Vol. Coordinator, 405-608-0555

OKMRC Continued from Page 5

"And, in 2008, we manned big shelters due to Hurricane Gustav and hosted 1,700 guests from Louisiana," she said. "It's very much about adapting to the situation."

With medical professionals and lay people as different as the situations encountered by OKMRC volunteers, it is perhaps in its nursing contingent that the strength of the organization lies. Statewide, more than 1,200 of those who dedicate their time and talent to the Medical Reserve Corps are registered nurses, Stein said.

"That's about one-quarter of all volunteers," she said. "Registered nurses volunteer - that's just what they do."

Nurses are also at the center of a partnership between OKMRC and Oklahoma Nurses Association, coordinating a registry of nurse volunteers available at a time of disaster, an effort that spreads beyond the usual volunteer force, encompassing not only full-time nurses, but also those who work part-time, are retired or even still attending nursing school.

OKMRC can offer those students opportunities they might not see otherwise while still in school, opportunities made possible by the OKMRC externship.

"It's a chance for nursing students to learn about, develop and apply public health nursing skills that focus on emergency preparedness, response and recovery," Stein said.

Launched in 2015 under Stein's leadership at University of Oklahoma Health Sciences Center Fran and Earl Ziegler College of Nursing, the program has since its inception expanded to include students at University of Central Oklahoma, Southwestern Oklahoma State University and Northwestern Oklahoma State University - and in 2017, a record 23 students took part in the summer program, Stein said.

"It is a multi-faceted program, including team building, as well as giving them leadership opportunities, ways of looking at public health and emergency situations," she said. "At the same time, nursing students have a chance to interact with those younger - 8th graders and then high school seniors - students who are interested in nursing, and they can become role models."

Externs get an overview of OKMRC volunteers do in emergency

situations - triage, mass immunizations, critical care and patient monitoring on site, but the organization's work moves far beyond the physical, Stein said.

"It's called the Stress Response Team and it works together with physical medical care components to help those affected," said Stein, who serves on the team's advisory board. "They work with individuals who are dealing with stress and mental health issues they're encountering as a result of a very specific situation - it might be that a teenage member of the family is missing in the wake of a tornado or a pet might be lost, and that impacts the entire family."

SRT also works to address mental health issues of individuals that have nothing to do with an emergency situation - people who might be schizophrenic and who could, without proper medication or monitoring, become a danger to themselves or others, Stein said. SRT's licensed mental health professionals work to diffuse a potential situation before it even happens.

Medical Reserve Corps was created in 2002 as part of USA Freedom Corps and administered by the U.S. Surgeon General's office, officials said. The Public Health Security and Bioterrorism Preparedness and Response Act of 2002 dictates the federal umbrella of state MRC units, overseen nationally by the Office of the Civilian Volunteer Medical Reserve Corps.

In Oklahoma, the city of Tulsa's MRC unit was the first in the state to obtain grant funding, from the state Department of Health and Human Services. That was in 2002, and Tulsa's efforts began a domino-effect of activity that continued when Oklahoma Nurse's Association, city of Oklahoma City and city of Lawton also became grant recipients.

In 2005, oversight of OKMRC was transferred from Oklahoma Department of Emergency Management to the state Department of Health. One of the strongest factors in OKMRC's success is the people who work for and believe in the program, Stein said.

"Here you meet the kindest, most giving people who always give their best," she said. "They work to make other peoples' lives better no matter what the particular situation might be." Volunteers are always needed by OKMRC, Carter and Stein said. More information about the agency is available on its website, www.okmrc.org.

The Hospice Directory above does not represent a list of all Hospice facilities statewide. For a complete list visit www.ok.gov/health

Special Event: December 1st

LET THE HEALING BEGIN

WHEN CAREGIVING HURTS

This event will be held at the OU Schusterman Center, Learning Library 4502 E. 41st Street, Tulsa, OK 74135 December 1st, 2017 9:00 a.m. to 4:00 p.m. (Check in/registration will start at 7:30 a.m. **Session Topics:** Violence in the workplace, Preventing Injuries at Work, Humor Amongst Healthcare, The Grieving Professional and Drug Use/Abuse Pre-registration \$120 until November 24th, after that date \$150 Lunch & CEU's included Register at www.ohai.org. For more information call 1-888-616-8161.

Special Event: September 19

POLST INITIATIVE

PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT

The event will be held at the Oklahoma City University Kramer School of Nursing Rooms 135 & 136, 2501 N. Blackwelder Ave., Oklahoma City, OK 73106 September 19, 2017 from 6:30 - 8:00 PM. Jan Slater JD, MBA, Faculty Bioethics Center Oklahoma University School of Community Medicine will speak about this national and Oklahoma initiative.

No charge or registration required and one CE available from ONA and one CE available for LCSW/LMSW. Hosted by the Oklahoma Chapter of the Hospice and Palliative Nurses Association.

Special Event: September 29

The Health Care Professional's Role When Faced With Human Trafficking

The event will be held at the OU Fran and Earl Ziegler College of Nursing, 1100 N. Stonewall Ave, Room 138, Oklahoma City, OK 73117 Friday, September 29, 2017 from 8:00 am - 1:20 pm. Registration will be 7:30 am - 8:00 am.

\$50.00 per/person (complimentary to consortium employees) For more information contact: Patrice Brown patrice-brown@ouhsc.edu 405-271-1491, ext. 49206.



Vicki L Mayfield, M.Ed., R.N., LMFT Marriage and Family Therapy Oklahoma City

If you would like to send a question to Vicki, email us at news@okcnursingtimes.com

Q. TWELVE RULES FOR DEALING WITH SOCIOPATHS IN EVERYDAY LIFE

- A. 1. The first rule involves the bitter pill of accepting that some people literally have no conscience.
 2. In a contest between your instincts and what is implied by the role a person has taken on - educator, doctor, minister, animal lover, teacher - go with your instincts (gut feeling).
 3. When considering a new relationship of any kind, practise the Rule of Threes: One lie, one broken promise, or a single neglected responsibility may be a misunderstanding. Two may involve a serious mistake. But three lies says you're dealing with a liar, and deceit is the linchpin of conscienceless behavior.
 4. Question authority. Once again trust your own instincts and anxieties. Do this even when, or especially when, everyone around you has completely STOPPED questioning authority.
 5. Suspect flattery. Compliments are lovely, especially when they are sincere. In contrast, flattery is extreme and appeals to our egos in unrealistic ways. It is the material of counterfeit charm, and nearly always involves an intent to manipulate. Manipulation through flattery is sometime innocuous and sometimes sinister. Peek over your massaged ego and remember to suspect flattery.
 6. If necessary, redefine your concept of respect. Too often we mistake fear for respect, and the more fearful we are of someone, the more we view him or her as deserving of our respect.
 7. Do Not Join the Game. Intrigue is a sociopath's tool. Resist the temptation to compete with a seductive sociopath, to outsmart him, psychoanalyze, or even banter with him.
 8. The best way to protect yourself from this evil human being is to avoid him, to refuse any kind of contact or communication.
 9. Question your tendency to pity to quickly. If you find yourself often pitying someone who consistently hurts you or other people, and who actively campaigns for your sympathy, the chances are close to 100 percent that you are dealing with a sociopath.
 10. Do not try to redeem the unredeemable. Second (third, fourth, and fifth) chances are for people who possess conscience. If you are dealing with a person who has no conscience, know how to swallow hard and cut your losses.
 11. Never agree, out of pity or for any other reason, to help a sociopath conceal his or her true character. Do not keep secrets for them.
 12. LIVING WELL IS THE BEST REVENGE.
- 1 in 25 ordinary Americans secretly has no conscience and can do anything at all without feeling guilty.

The Sociopath Next Door by Martha Stout, Ph.D

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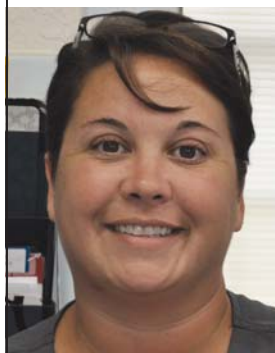
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